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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/031439	FILING DATE			
						APPLICANT(S)				
CLAIMS										
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
2	/	/	/	/	/	/	52			
3	2	/	/	/	/	/	53			
4	2	/	/	/	/	/	54			
5	2	/	/	/	/	/	55			
6	2	/	/	/	/	/	56			
7	2	/	/	/	/	/	57			
8	2	/	/	/	/	/	58			
9	2	/	/	/	/	/	59			
10	2	/	/	/	/	/	60			
11	2	/	/	/	/	/	61			
12	2	/	/	/	/	/	62			
13	2	/	/	/	/	/	63			
14	2	/	/	/	/	/	64			
15	2	/	/	/	/	/	65			
16	1	/	/	/	/	/	66			
17	2	/	/	/	/	/	67			
18	2	/	/	/	/	/	68			
19	2	/	/	/	/	/	69			
20	2	/	/	/	/	/	70			
21	2	/	/	/	/	/	71			
22	2	/	/	/	/	/	72			
23	/	/	/	/	/	/	73			
24	/	/	/	/	/	/	74			
25							75			
26							76			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5		3				TOTAL IND.			
TOTAL DEP.	20	←	20	←		↓	TOTAL DEP.			
TOTAL CLAIMS	21		23				TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS